

Work Order ID 93365

93365

Page 1

November-19-12 9:00:23 AM

Item ID: 646.3718

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Custom Washer

Start Date: 11/15/12 Start Qty: 40.00

40

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 12-11-19

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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646.3700

A

0.00

110

110

Waterjet

FLOW CNC Waterjet

60601-063

Memo

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

40

0

Jn 12-11-24

40

0

Jn 12-11-24

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____ / _____

Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																															
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>																														
Part No. _____																																					
NCR No. _____																																					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector																										
Doc/Data <input type="checkbox"/>																																					
Equip/Tooling <input type="checkbox"/>																																					
Operator <input type="checkbox"/>																																					
Material <input type="checkbox"/>																																					
Setup <input type="checkbox"/>																																					
Other <input type="checkbox"/>																																					
Process <input type="checkbox"/>																																					
Supplier <input type="checkbox"/>																																					
Training <input type="checkbox"/>																																					
Unapproved <input type="checkbox"/>																																					
FAULT CATEGORY																																					
Landing Gear				General																																	
Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped. <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Weld <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>	Other <input type="checkbox"/>

Work Order ID 93365***93365***

Page 2

November-19-12 9:00:23 AM

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Item Name: Custom Washer

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Start Date: 11/15/12 Start Qty: 40.00

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Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 40.00

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Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC	QC8- Inspect parts - second check	0.00 15 9-89							
Quality Control	Memo	0.00 12/11/26					40	00	
140 *140* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							12/12-5-12
Outsource process - Anodize	Memo Issue P/O: <u>18583</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)	0.00							
150 *150* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							12/13/11 6 (yo)
Packaging	Memo	0.00							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

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Page 4

November-19-12 9:00:23 AM

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Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

Packaging

Packaging

Identify as per dwg & Stock Location: *SJ-521*

0.00

13/4/8 (40)

Memo

0.00

***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND
REV***

200

200

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/4/8 (40)

11/3-04-8

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
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Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
										<input type="checkbox"/> Other			

Picklist Print

November-19-12 9:00:23 AM

Page 1

Work Order ID: 93365**Parent Item:** 646.3718**Start Date:** 11/15/12**Required Date:** 12/07/12**Parent Item Name:** Custom Washer**Start Qty:** 40.00**Required Qty:** 40.00**Comments:** IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M6061T6S.063	Purchased	No			110	sf	394.2238	0.0034	0.1431579	0.2			JM 12-11-26
--------------	-----------	----	--	--	-----	----	----------	--------	-----------	-----	--	--	-------------

	<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
M6061T6S.063	MAT021	394.2238320	
	113608	0	
	116308	5.01556842	
	117285	67.544	
	119331	44.2	
	119802	3.94	
	120218	15.86	
	120866	64.8126316	
	121805	113.551632	
	123135	79.3	Q3135

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

DART AEROSPACE LTD

Work Order:

93365

Description: 6 Custom Washers

Part Number: 646.3718

Inspection Dwg: 646-330 Rev: 1/1

Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

DAS

Measured by: <u>Jm</u>	Audited by: <u>15</u> <small>8.89</small>	Preliminary Approval:
Date: <u>12-11-24</u>	Date: <u>10/11/26</u>	Date:

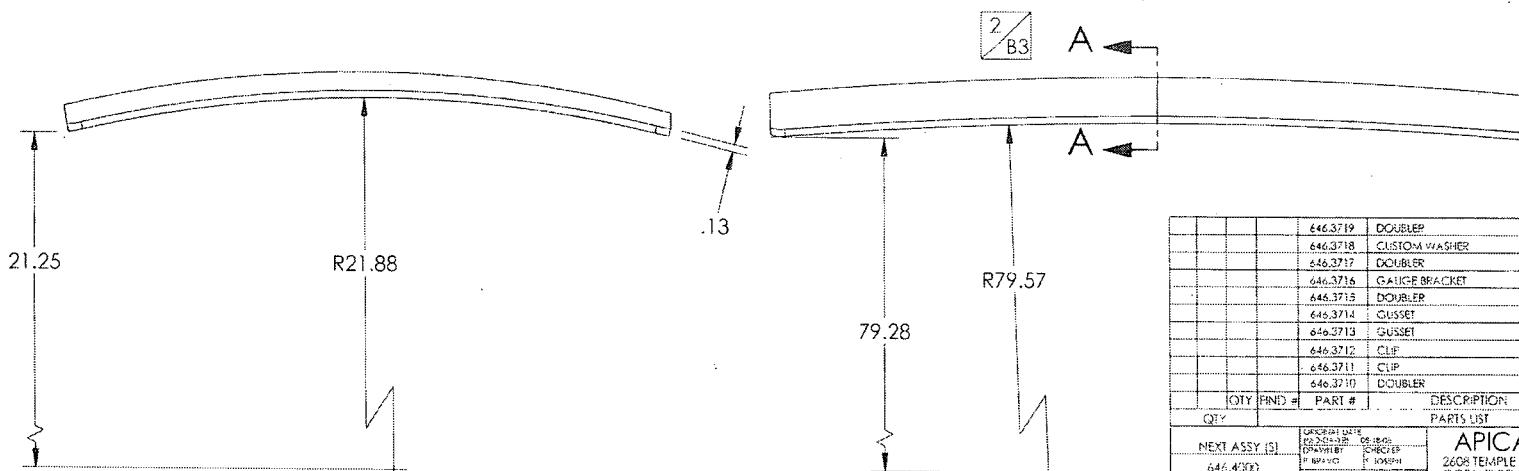
NOTES:

- ⚠ MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- ⚠ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III
CLASS 2, COLOR BLACK:
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
- ⚠ MATERIAL: 17-4 PH AMS 3604, CONDITION H900
- ⚠ FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES
- 6. IDENTIFY IAW MPP-120

STANLEY
PC, CIVIL TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT

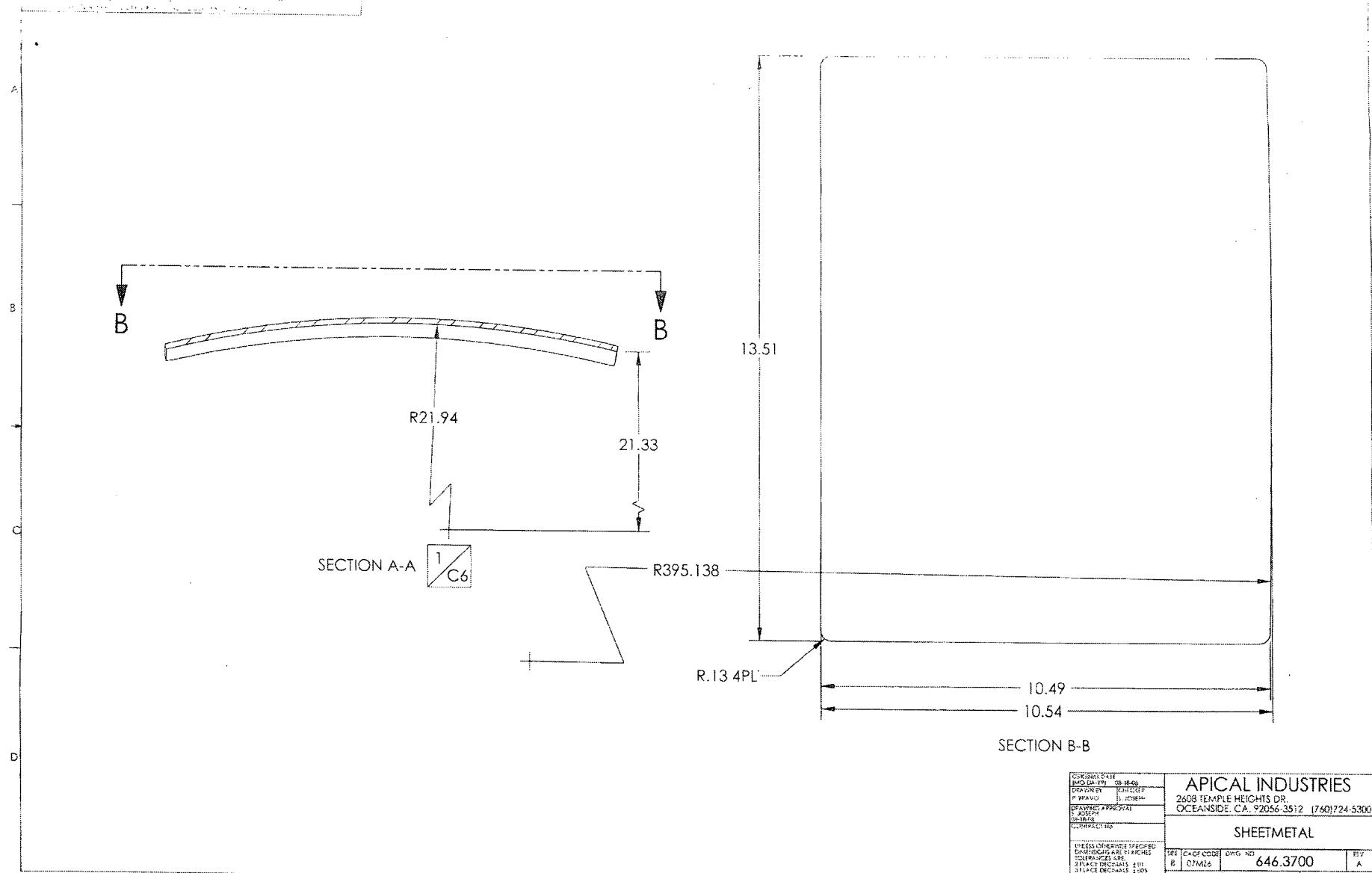
V. L. GREEN, DRAFT
W. C. COOPER
NO. 93365 MCJ
12-11-19

646.3710



QTY	PIN#	PART #	DESCRIPTION	MATL	SPEC.
PARTS LIST					
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GAUGE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
DRAWING INFORMATION					
NEXT ASSY (S)		DATE ISSUED: 06-18-02	APICAL INDUSTRIES		
646.4500		DESIGNER: J. JOSEPH	2608 TEMPLE HEIGHTS DR.		
		PRINTER: J. JOSEPH	OCEANSIDE, CA. 92054-3512 (760)724-5300		
		DRAWING APPROVAL	SHEETMETAL		
		REVISIONS	646.3700		
		DATE ISSUED: 06-18-02	REV:	A	
		DESIGNER: J. JOSEPH	SCALE:	NONE	
		PRINTER: J. JOSEPH	1 OF 9		
		DATE ISSUED: 06-18-02			
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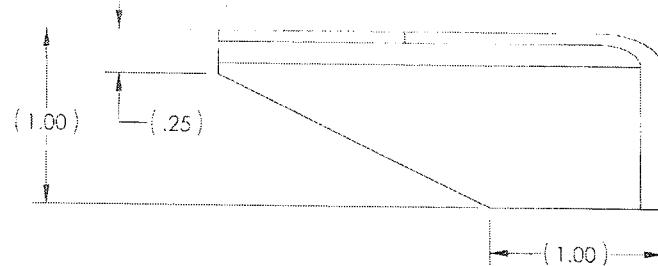
93365



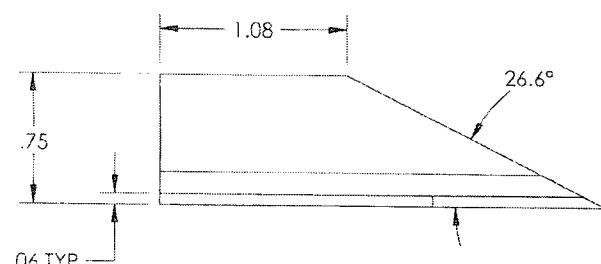
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IMPROV-TP-08-16-08	
DESIGNED BY: J. JONES	
BY: J. JONES	
DRAWING APPROVED	
BY: J. JONES	
DATE: 08/08/08	
COMPUTER NO:	
UNLESS OTHERWISE SPECIFIED	
ALL DIMENSIONS IN INCHES	
TOLERANCES ARE	
2 PLACES BEYOND THE	
LAST NUMBER, EXCEPT	
ANGLES & 3 PLACES	
SCALE: NONE	
REV: C DATE: 07/08	DMG NO: 646.3700
	B12
	A
	SHEET 2 OF 9

93365

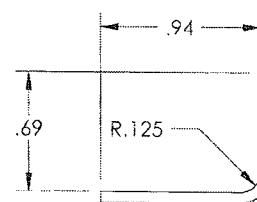
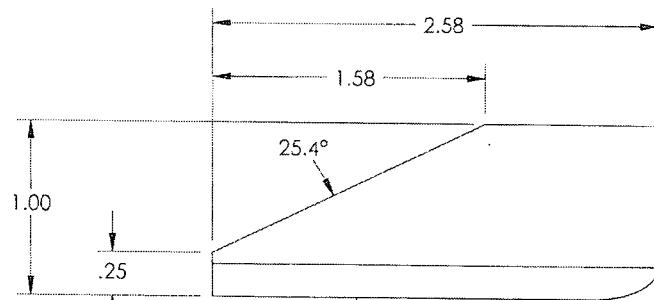
A



B



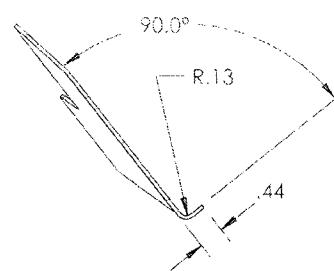
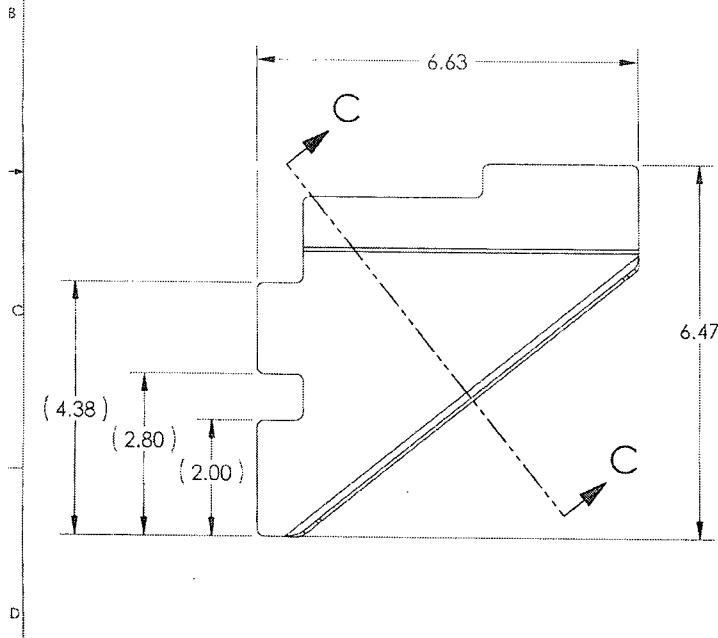
C



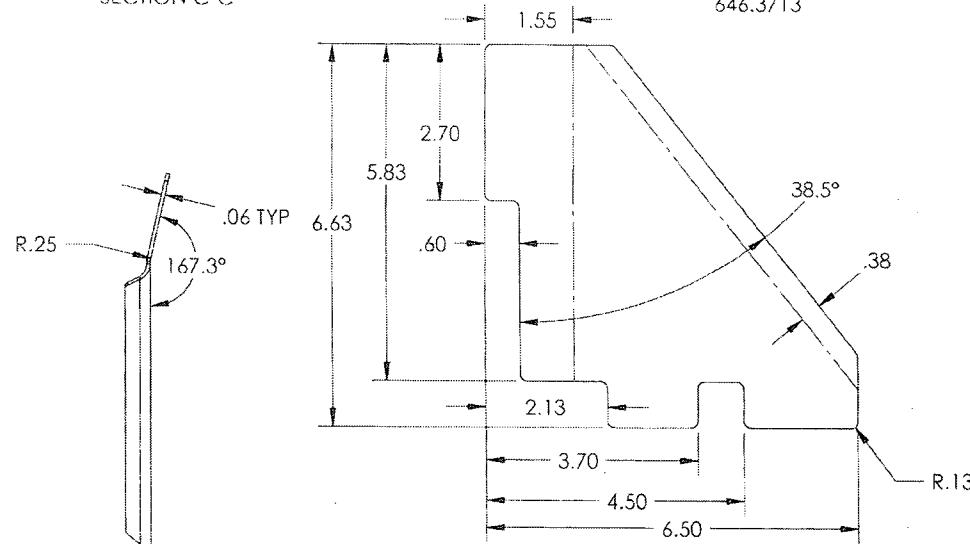
646.3711 SHOWN
646.3712 OPPOSITE

NEXT ASSY (S)	CROSS REFERENCE REV. 00-00000000000000000000000000000000	
	P-00000000000000000000000000000000	P-00000000000000000000000000000000
DESIGN APPROVAL	Y	N
STAMP	00000000000000000000000000000000	00000000000000000000000000000000
DATE	00/00/00	00/00/00
APPLICABLE	00000000000000000000000000000000	00000000000000000000000000000000
REVISION	00000000000000000000000000000000	00000000000000000000000000000000
APICAL INDUSTRIES	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE CA. 92056-3512 (760)724-5300	
SHEETMETAL	SHEETMETAL	
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES	UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES	
STRAIGHTNESS	STRAIGHTNESS	
TRACEABILITY	TRACEABILITY	
WELDING	WELDING	
DRILLING	DRILLING	
MADE IN U.S.A.	MADE IN U.S.A.	
646.3700	646.3700	
REV A	REV A	
SCALE: 1:16	SCALE: 1:16	
SHEET 3 OF 9	SHEET 3 OF 9	

93365

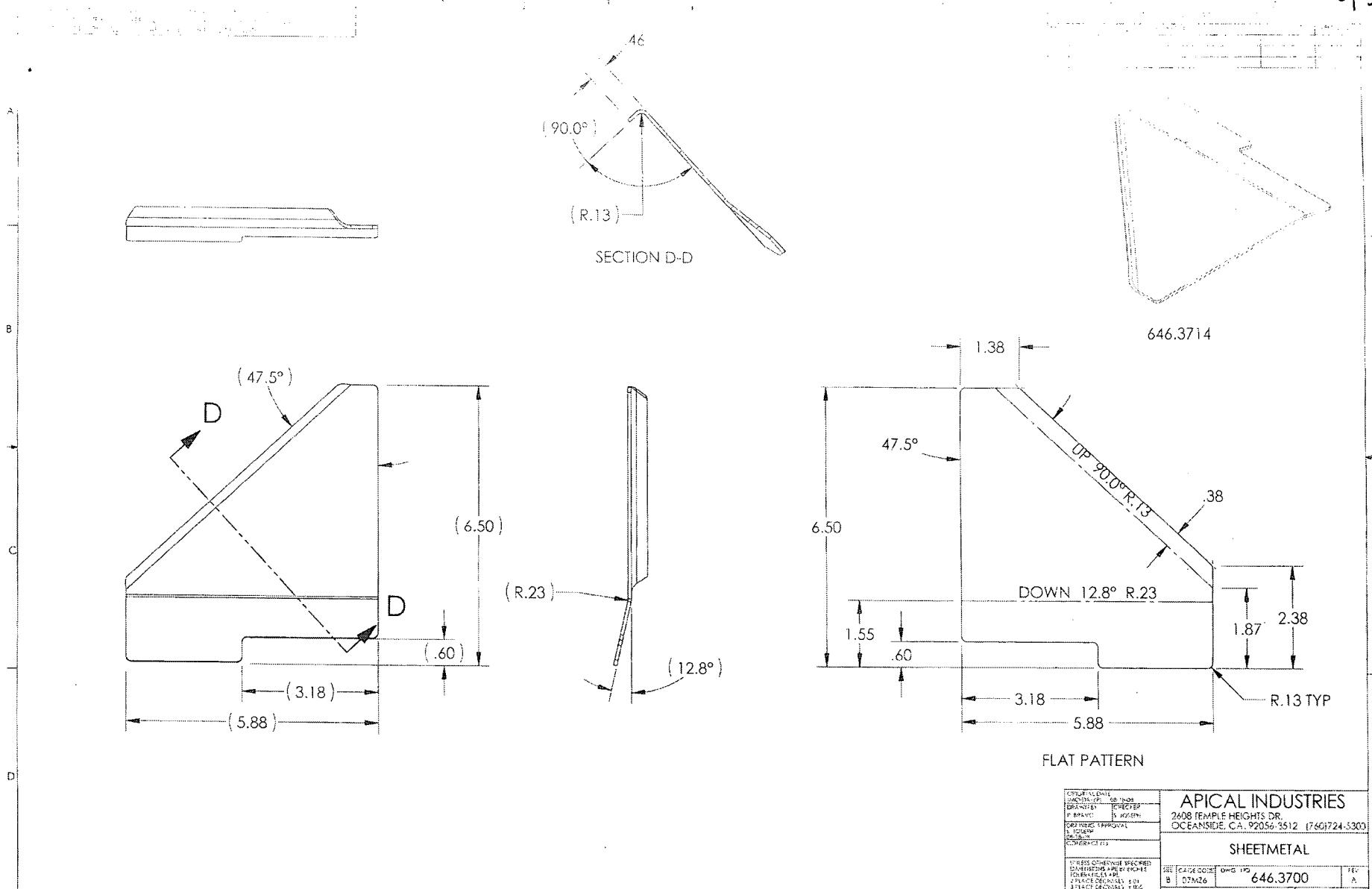


SECTION C-C

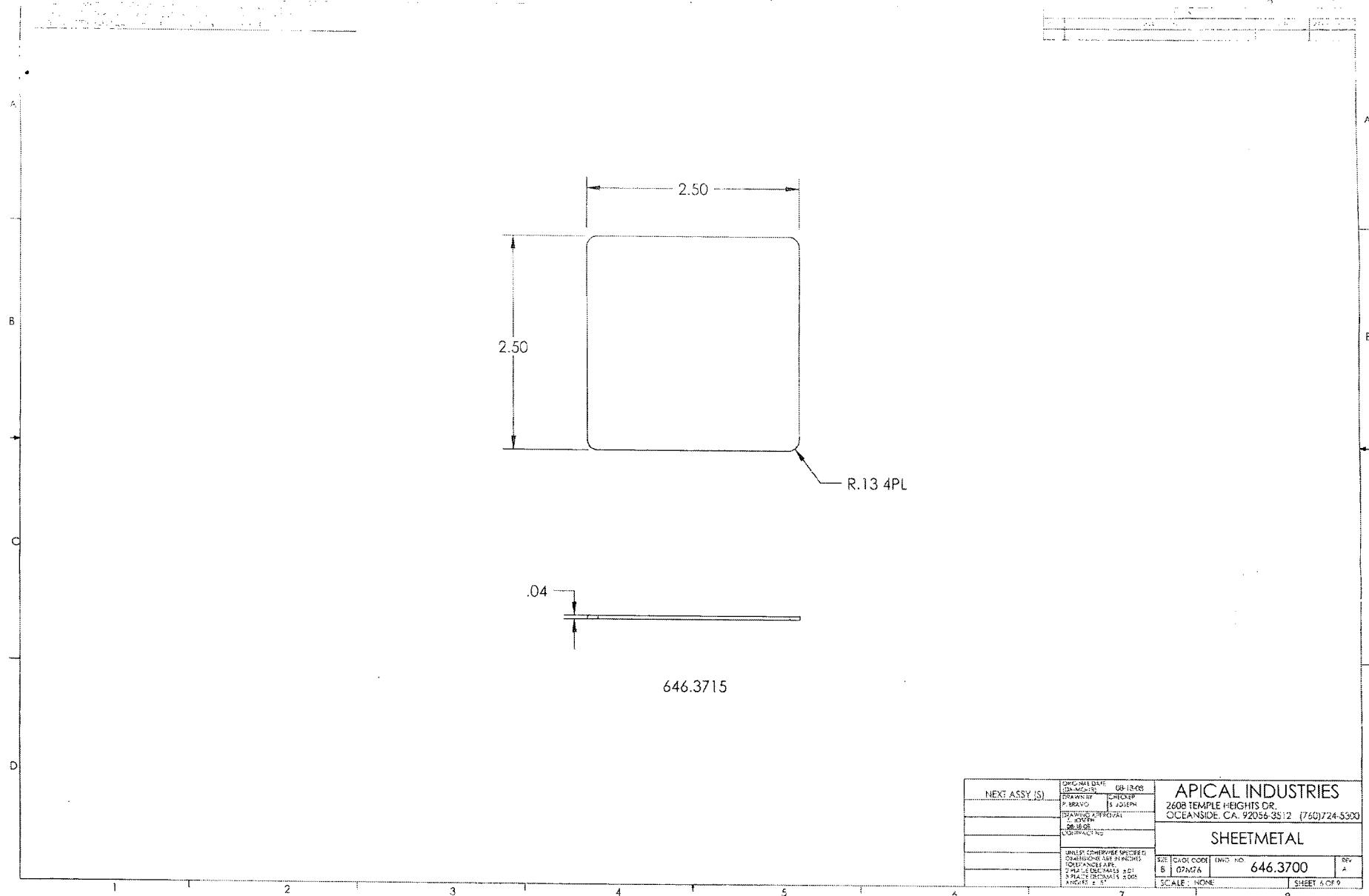


FLAT PATTERN

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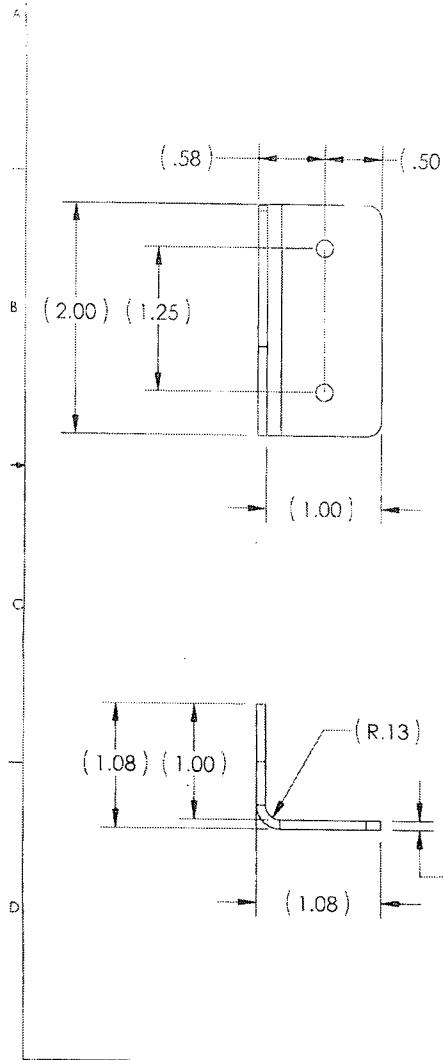


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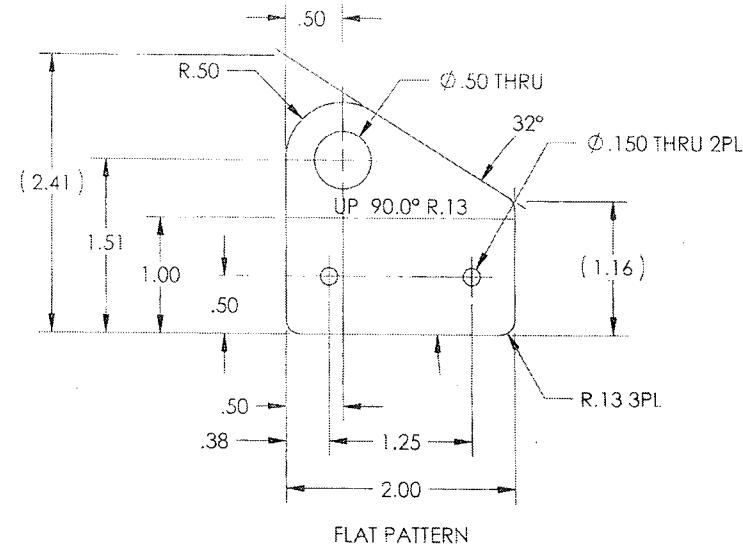


NEXT ASSY IS	DRWNG DATE	08-12-90	APICAL INDUSTRIES
	DRAWN BY	SCHECTER X BRAVO	
	REVIEWED BY	S. JOSEPH	2608 TEMPLE HEIGHTS DR.
	APPROVED BY		OCEANSIDE, CA 92056-3512 (760)724-5300
	CONTRACT NO.		
			SHEETMETAL
			SCALE: NONE
			REV: A
	SIZE	EX-1000001	INQ. NO.
	6	07M76	646.3700
			Sheet 6 of 9

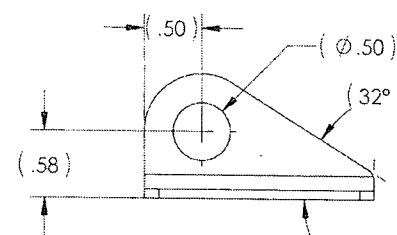
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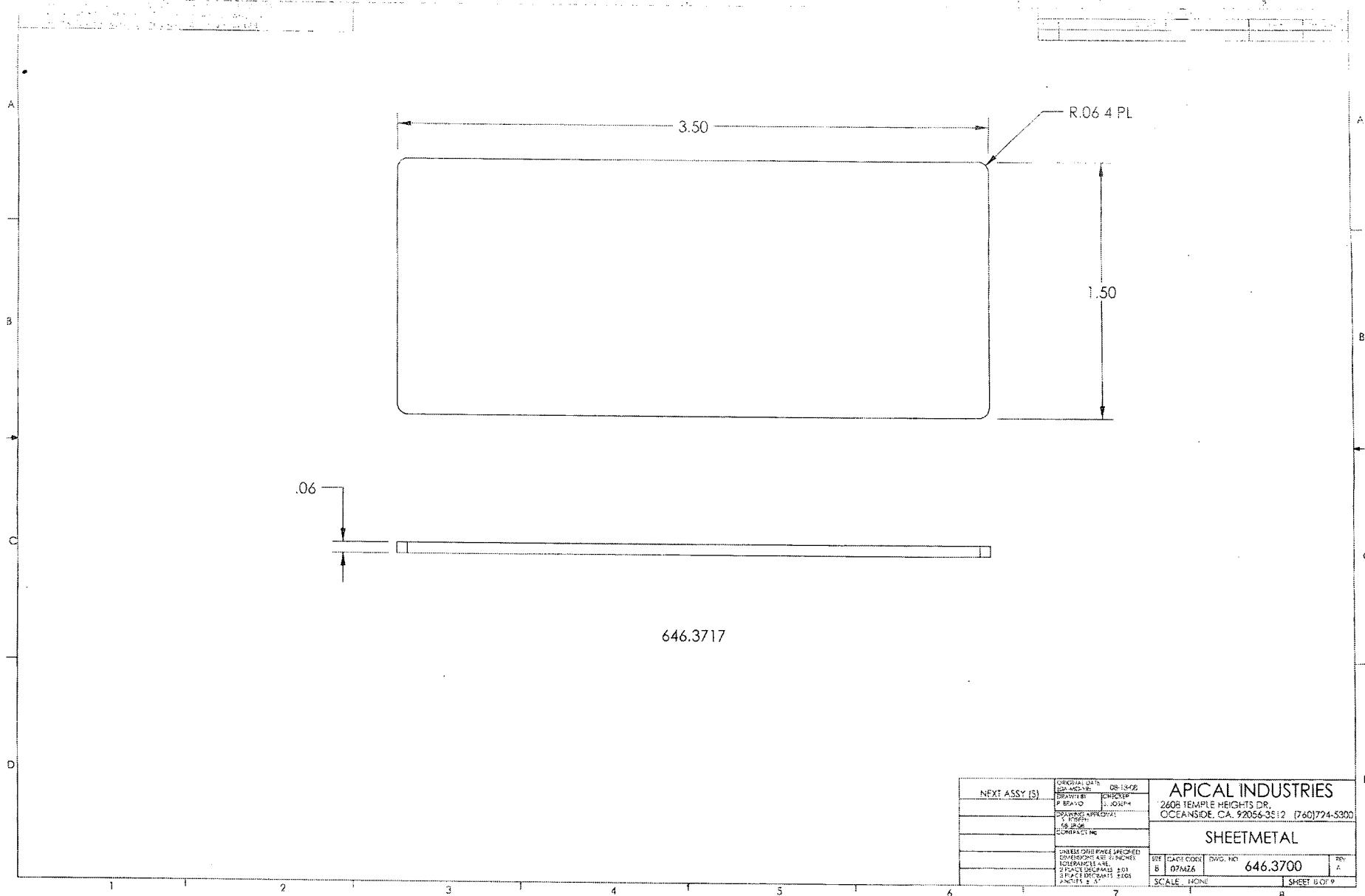
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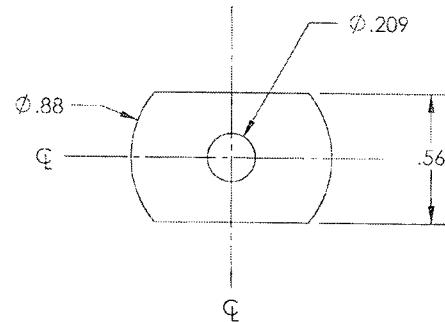
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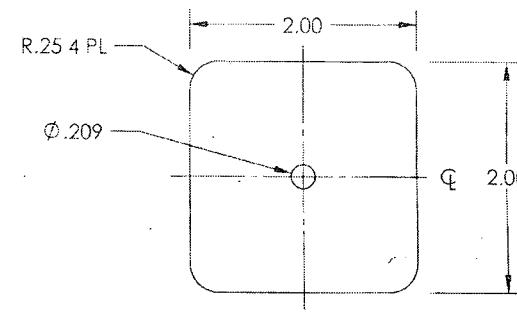
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93365



646.3718



.06

646.3719

NEXT ASSY. (S)		ORIGINAL DATE 08-18-08	APICAL INDUSTRIES		
DRAWN BY P. BRAVO		DESIGNED BY P. BRAVO	2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
DRAWING & PROVAL J. DODD J. DODD		SHEETMETAL			
C/CONTACT NO:					
<p>UNLESS OTHERWISE SPECIFIED EXCEPT FOR ANY EXEMPTIONS STATED ON THIS DRAWING 2 PLATE THICKNESS = .035 3 PLATE THICKNESS = .020 4 PLATE THICKNESS = .010 5 PLATE THICKNESS = .005</p>					
REV. B 07/06		DATE CODE 07/06	DOC. NO. 646.3700	REQ. A	
SCALE: -NONE		SHIFT 9 OR 5			



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via	
Quantity	Description	Rev:
1 lot	Part: ASST 24 PCS 647.2510 PASSIVATE PER QQ-P-35 1 PC 647.1613 12 PCS 647.1712 3 PCS 647.1810 40 PCS 647.1812 2 PCS 647.1813 1 PC 647.1816 20 PCS 646.3312 10 PCS 646.3714 40 PCS 646.3718 20 PCS 646.3811 6 PCS 647.7910 12 PCS 647.7912 6 PCS 647.7916 40 PCS 647.9012 10 PCS 647.9013 19 PCS 647.9016 30 PCS 647.9016 30 PCS 647.9017 60 PCS 647.9017 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130027	
	PO: PO18583	Line:



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731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

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DART AEROSPACE LTD.
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Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>14/1/13</u></p> <p>CERTIFIED SIGNATURE: <u>MM</u></p> <p>RECEIVER SIGNATURE: _____</p>